

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

LOGANAYAGAM JEYANAYAGAM

E-Filing

SUMMONS IN A CIVIL CASE

CASE NUMBER:

v.

C 07 3728

EMILIO T. GONZALEZ, Director of the United States Citizenship and Immigration Services (see attachment for remainder of Defendants)

TO: (Name and address of defendant)

WHA

EMILIO T. GONZALEZ
Director of the United States Citizenship and Immigration Services
20 Massachusetts Avenue, N.W.
Washington, DC 20529
(see attachment for remainder of Defendants)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Audra R. Behne
Law Offices of Audra R. Behne, PC
14724 Ventura Boulevard, 2nd Floor
Sherman Oaks, CA 91403

an answer to the complaint which is herewith served upon you, within **vv** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wiking

CLERK

DATE Sept 6 2007

MARY ANN BUCKLEY
(BY) DEPUTY CLERK

RETURN OF SERVICE

DATE

Service of the Summons and Complaint was made by me¹

Name of SERVER Audra R. Behne TITLE Attorney

Check one box below to indicate appropriate method of service

- Served Personally upon the Defendant. Place where served:
- Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left:
- Returned unexecuted:
- Other (specify): Sent via certified mail, return receipt. See attached receipt.

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
\$0	\$0	\$0

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on 9-5-07
Date

Signature of Server

14724 Ventura Boulevard, 2nd Floor
Sherman Oaks, CA 91403

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

TITLE OF ACTION (Defendants Continued)

ROSEMARY MELVILLE, District Director of the San Francisco District Office for the United States Citizenship and Immigration Services; UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES; MICHAEL CHERTOFF, Secretary of the Department of Homeland Security; ALBERTO GONZALES, United States Attorney General; ROBERT MUELLER, Director of the Federal Bureau of Investigations; and FEDERAL BUREAU OF INVESTIGATIONS

TO: (Name and address of defendant) (Continued)

Rosemary Melville
District Director of the San Francisco District Office
United States Citizenship and Immigration Services
630 Sansome Street
San Francisco, CA 94111

Honorable Michael Chertoff
Secretary
Department of Homeland Security
Washington, DC 20528

Honorable Alberto Gonzales
United States Attorney General
950 Pennsylvania Avenue, N.W.
Washington, DC 20530

Robert Mueller
Director
Federal Bureau of Investigations
J. Edgar Hoover Building
935 Pennsylvania Avenue, N.W.
Washington, DC 20535

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Civil Process Clerk
Office of the United States
Attorney
1301 Clay Street, Suite 340S
Oakland, CA 94612

Re: Jeyanayagam v. Gonzalez, et al.

2. Article Number
(Transfer from service label)

7006 2150 0000 7134 2482

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

Padoc Beligaya

C. Date of Delivery

7/27/07

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail

 Express Mail

Registered

 Return Receipt for Merchandise

Insured Mail

 C.O.D.4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
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7134	Postage	\$ 2.50	0101
0000	Certified Fee	\$ 2.65	05
0000	Return Receipt Fee (Endorsement Required)	\$ 2.15	Postmark Here
2150	Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
7006	Total Postage & Fees	\$ 7.30	07/25/2007

Re: Jeyanayagam v. Gonzalez, et al.
Sent To:
Civil Process Clerk / Office of the United States Attorney
Street, Apt. No.;
or PO Box No. 1301 Clay Street, Suite 340S
City, State, ZIP/4
Oakland, CA 94612

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) DHS</p> <p>C. Date of Delivery 8-8-07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to: Emilio T. Gonzalez Director of the United States Citizenship and Immigration Services 20 Massachusetts Avenue, NW Washington, DC 20529</p> <p><u>Re: Jeyanayagam v. Gonzalez, et al.</u></p> <p>2. Article Number (Transfer from service label) 7006 2150 0000 7134 2475</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT			
(Domestic Mail Only; No Insurance Coverage Provided)			
For delivery information visit our website at www.usps.com			
WARNING: FINE PRINT ON BACK			
OFFICIAL USE			
2475 7134 2150 7006	\$2.50 \$2.65 \$2.15 \$0.00 \$7.30	0101 05 Postmark Here 07/25/2007	
	<input type="checkbox"/> Postage <input type="checkbox"/> Certified Fee <input type="checkbox"/> Return Receipt Fee <small>(Endorsement Required)</small>		
	<input type="checkbox"/> Restricted Delivery Fee <small>(Endorsement Required)</small>		
	Total Postage & Fees		
	<i>Re: Jeyanayagam v. Gonzalez, et al.</i> Sent To Emilio T. Gonzalez / Director of the United States Citizenship and Immigration Services Street, Apt. No.; or PO Box No. 20 Massachusetts Ave., NW City, State, ZIP+4 Washington, DC 20529		
	<small>PS Form 3800, August 2006</small> See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Asliq</i></p> <p>B. Received by (Printed Name) ASLILA C. Date of Delivery 7-30-07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: JUL 30 RECORDED MAIL OF HOMELAND SECURITY FRANCIS CO.</p> <p>E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to: Rosemary Melville District Director of the San Francisco Office United States Citizenship and Immigration Services 630 Sansome Street San Francisco, CA 94111 <u>Re: Jeyanayagam v. Gonzales, et al.</u>		2. Article Number <small>(Transfer from service label)</small> 7006 2150 0000 7134 2468	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i>		
For delivery information visit our website at www.usps.com		
OFFICIAL USE		
9942	4732	0000
2150	0000	7134
7006	2468	
Postage	\$ 2.50	0101
Certified Fee	\$ 2.65	05
Return Receipt Fee (Endorsement Required)	\$ 2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 7.30	BoB7/25/2007 Jeyanayagam v. Gonzales
Sent To: Rosemary Melville / District Director of the San Francisco District Office, United States Citizenship and Immigration Services Street, Apt. No.: 630 Sansome Street or PO Box No. 630 City, State, ZIP+4 San Francisco, CA 94111		

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>X Myan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <i>AUG - 3 2007</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>SERVICE ACCEPTED IN OFFICIAL CAPACITY ONLY</i></p>	
<p>1. Article Addressed to: Honorable Michael Chertoff Secretary Department of Homeland Security Washington, DC 20528 <i>Re: Jeyanayagam v. Gonzales, et al.</i> </p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7006 2150 0000 7134 2451</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)		
For delivery information visit our website at www.usps.com		
WASHINGTON, DC 20528		
OFFICIAL USE		
7006 2150 0000 7134 2451	Postage	\$ 2.50
	Certified Fee	\$ 2.65
	Return Receipt Fee (Endorsement Required)	\$ 2.15
	Restricted Delivery Fee (Endorsement Required)	\$ 0.00
	Total Postage & Fees	\$ 7.30
		07/25/2007
Re: Jeyanayagam v. Gonzales, et al.		
<p>Sent To Honorable Michael Chertoff / Secretary Street, Apt. No., or PO Box No. Department of Homeland Security</p> <p>City, State, ZIP+4 <i>Washington, DC 20528</i></p>		
PS Form 3800, August 2006		
See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. <input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Leandra Parker</i></p> <p>X</p> <p>B. Received by <u>Printed Name</u> <u>JUL 8 2001</u></p> <p>C. Date of Delivery <u>2001</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p> <p>F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>1. Article Addressed to:</p> <p>Honorable Alberto Gonzales United States Attorney General 950 Pennsylvania Ave., NW Washington, DC 20530</p> <p>Re: <u>Jey anay gg am v. Gonzalez, et al.</u></p> <p>2. Article Number <i>(Transfer from service label)</i></p>			
<p>PS Form 3811, February 2004 Domestic Return Receipt</p> <p>102595-02-M-1540</p>			

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For delivery information visit our website at www.usps.com			
WASHINGTON, DC 20530			
OFFICIAL USE			
Postage	\$	\$2.50	0101
Certified Fee		\$2.65	05
Return Receipt Fee (Endorsement Required)		\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$7.30	07/25/2007
Sent To Honorable Alberto Gonzales <i>Street, Apt. No.; or PO Box No.</i> United States Attorney General <i>City, State, ZIP+4</i> 950 Pennsylvania Ave., NW Washington, DC 20530			
<i>Re: Teyene yagam v. Gonzalez</i>			


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Track & Confirm

Search Results

Label/Receipt Number: 7006 2150 0000 7134 2437
 Status: Delivered

Your item was delivered at 3:17 AM on July 30, 2007 in WASHINGTON, DC 20535.

Track & Confirm

Enter Label/Receipt Number.

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

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For delivery information visit our website at www.usps.com ®		
OFFICIAL USE		
7006 2150 0000 7134 2437	Postage	\$ 2.50
	Certified Fee	\$ 2.65
	Return Receipt Fee (Endorsement Required)	\$ 2.15
	Restricted Delivery Fee (Endorsement Required)	\$ 0.00
	Total Postage & Fees	\$ 7.30
		07/25/2007
Re: <i>Jayme L. Aguirre v. Gonzalez, et. al</i>		
Sent To Robert Mueller, Director/Federal Bureau of Invest. Street, Apt. No.: J. Edgar Hoover Building or PO Box No. 935 Pennsylvania Ave., N.W. City, State, ZIP+4 Washington, DC 20535		
See Reverse for Instructions		
PS Form 3800, August 2006		